

## FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIAReg No# 37461-118-1A-120  
(Inmate Number)Douglas Henry Thornton  
(Name of Plaintiff)United States Penitentiary  
(Address of Plaintiff)Allenwood, P.O. 3500, White Deer,  
PA 17887

vs.

MR. Lindsey, Associate Warden opt,

Mis J. Morin, SIS, Lieutenant,

MR. D. Emory DHO officers etc.  
(Names of Defendants)

3: CV00-1590

(Case Number)

COMPLAINT  
FILED  
SCRANTON

SEP - 7 2000

PER [Signature]  
DEPUTY CLERKTO BE FILED UNDER: ☐ 42 U.S.C. § 1983 - STATE OFFICIALS  
☒ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

## I. Previous Lawsuits

- A. If you have filed any other lawsuits in federal court while a prisoner please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

Douglas Henry Thornton v. Donald Romine, Warden Civil

Case No# 1: CV-00 1255 United States District Court for the  
middle District of Pennsylvania. Filed July 18, 2000 Assigned  
United States District Court; Judge, Yvette Kane.

## II. Exhaustion of Administrative Remedies

- A. Is there a grievance procedure available at your institution?
- 
- ☒
- Yes
- ☐
- No

- B. Have you filed a grievance concerning the facts relating to this complaint?
- 
- ☒
- Yes
- ☐
- No

If your answer is no, explain why not I have not received answers to  
some of the grievance I filed of this matter. See Attached Receipt

- C. Is the grievance process completed?
- ☒
- Yes
- ☐
- No

### III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use Item B for the names, positions and places of employment of any additional defendants.)

- A. Defendant Associate Warden Lindsey is employed as Associate Warden at U.S. Penitentiary Lewisburg Pa.
- B. Additional defendants Lieutenant J. Morin, SIS, USP Lewisburg Pa.  
Penitentiary investigation Lieutenant MR. D. Emory, is  
Discipline hearing officer at USP Lewisburg, Pa. and -  
unknown officers.

### IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

1. That on March 3, 2000, I was assaulted by unknown  
officers while I was hands and feet cuffed to a  
bed in the Special housing unit at USP-Lewisburg. I was  
hit many times in the back of my head and other parts of  
my body and by others.
2. Mrs. J. Morin SIS, Lieutenant Filed two fabricating  
incident reports on me, dated, 4-14-2000 / 772556 and rewrite of  
same incident report 7-12-2000, 797330. I have been placed on  
Disciplinary Segregation etc for these fabricated obtruded reports.  
and lost of good time, etc.
3. The video surveillance cameras in the inmates dining room on the date  
of March 3, 2000 will show that I did not assault Associate  
Warden Lindsey. The cameras will show that I was the one  
assaulted. In the inmates dining room & the Special housing  
unit at USP-Lewisburg. MR. D. Emory refuse to acknowledge BOP Violation  
and made untrue statement in DHO reports and calling me a  
homosexual

## V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite cases or statutes.)

1. <sup>1</sup> That the incident reports and their effects be remove From my files  
<sup>2</sup> That the court order the defendant not to destroy or distort any of the evidences, Video Surveillance Camera of march 3, 2000 USP Lewisburg dining room, incident reports, statements, DHO reports, STS investigation FBI Files etc. Medical files or any and all materials complaints, related to this matter in any way or its effects.
2. <sup>3</sup> That this matter or case be trial by a Jury. <sup>4</sup> Appointment of Attorney.  
<sup>5</sup> That the defendant give back to Plaintiff all good time taken because of the march 3, 2000 incident. That the defendant Pay the legal and Court Fee of this action, case, and Attorney Fee's.
3. Five million dollars, 5,000,000. for pain and Suffering. <sup>\$5000,000</sup> Five million dollars for violation of Plaintiff's Constitutional and Federal Right, To be free From Un-necessary use of Force and Equal protection of the Law. That the Plaintiff receive medical treatment For Injuries Suffer by Plaintiff

Signed this 25 day of August 2000, 1900.

MR. Lauder H. Thornton  
 (Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

August 25, 2000  
 (Date)

MR. Lauder Henry Thornton  
 (Signature of Plaintiff)

4 of 6

**FORMS TO BE COMPLETED BY PRISONERS FILING A CIVIL RIGHTS  
COMPLAINT UNDER 42 U.S.C. § 1983 or 28 U.S.C. § 1331**

**COVER SHEET**

THIS COVER SHEET CONTAINS IMPORTANT INFORMATION ABOUT FILING A COMPLAINT AND YOUR OBLIGATIONS IF YOU DO FILE A COMPLAINT. READ AND COMPLETE THE COVER SHEET BEFORE YOU PROCEED FURTHER.

\*\*\*\*\*3: CV 00-1590\*\*\*\*\*

The cost for filing a civil rights complaint is \$150.00.

If you do not have sufficient funds to pay the full filing fee of \$150.00 you need permission to proceed *in forma pauperis*. However, the court will assess and, when funds exist, immediately collect an initial partial filing fee of 20 percent of the greater of:

- 1) the average monthly deposits to your prison account for the past six months; or
- 2) the average monthly balance in your prison account for the past six months.

Thereafter, the institution in which you are incarcerated will be required to make monthly payments of 20% of the preceding month's deposits credited to your account until the entire filing fee is paid.

**CAUTION: YOUR OBLIGATION TO PAY THE FULL FILING FEE WILL CONTINUE REGARDLESS OF THE OUTCOME OF YOUR CASE, EVEN IF YOUR COMPLAINT IS DISMISSED BEFORE THE DEFENDANTS ARE SERVED.**

\*\*\*\*\*

1. You shall file a complaint by completing and signing the attached complaint form and mailing it to the Clerk of Court along with the full filing fee of \$150.00. (In the event attachments are needed to complete the allegations in the complaint, no more than three (3) pages of attachments will be allowed.) If you submit the full filing fee along with the complaint, you DO NOT have to complete the rest of the forms in this packet. **Check here if you are submitting the filing fee with the complaint form.** \_\_\_\_\_

2. If you cannot afford to pay the fee, you may file a complaint under 28 U.S.C. § 1915 without paying the full filing fee at this time by completing the following: (1) Complaint Form; (2) Application To Proceed In Forma Pauperis; and (3) Authorization Form. You must properly complete, sign and submit all three standard forms or your complaint may be returned to you by the Clerk of Court. **Check here if you are filing your complaint under 28 U.S.C. § 1915 without full prepayment of fees.**       

**Please Note:** If your case is allowed to proceed and you are awarded compensatory damages against a correctional facility or an official or agent of a correctional facility, the damage award will first be used to satisfy any outstanding restitution orders pending. Before payment of any compensatory damages, reasonable attempts will be made to notify the victims of the crime for which you were convicted concerning payment of such damages. The restitution orders must be fully paid before any part of the award goes to you.

**DO NOT DETACH THE COVER SHEET FROM THE REST OF THE FORMS**

United States District Court

4 of 6

Middle District of ~~Pennsylvania~~  
Pennsylvania

Douglas Henry Thornton  
Reg 37461-118 Plaintiff

Vs.

Civil Cause No# \_\_\_\_\_

MR. Lindsey; Associat Warden,  
Mis. J. Morin S16. Lieutenant  
MR. D. Emory DHO and  
Unknown Officers. Defendants

FR.C.R. Rule. 33

Interrogatories

Come's Now Said Plaintiff, Douglas Henry Thornton, Interrogatories.

1. MR. Lindsey did the Plaintiff assaulted you or did you received a broken left index Finger From your own actions
2. When and how was your left index Finger broken and time and date and place.
3. What medical Staff treated you for a broken Finger and how was it determine that your left index Finger was broken and treatment given to you.
4. Where was Plaintiff at and Doing when your index Finger was broken
5. What did Plaintiff do to Cause your left index Finger to break.



Page two of Interrogatories

Thornton v. Lindsey et al

6. Mr. Lindsey, before March 3, 2000, when was the last time before that date did you answer to a body help call date, time, place, cause.

7. Did you and other staff member at the USP Lewisburg have any knowledge of Thornton and Taylor fighting each other on March 1, 2000 before the March 3, Incident.

8. Did staff lock down the institution on March 1, 2000 and talked to each inmates at USP Lewisburg where no other inmate could hear what another inmates said.

9. When staff member at USP Lewisburg on March 1, talked to all the inmate there. Did any inmates inform staff that Thornton and Taylor was fighting each other.

10. Did inmate that worked with inmate Thornton and Taylor inform any staff member on March 1, 2000 that Taylor and Thornton was fighting each other etc.

11. Is it true that staff allow inmate Taylor and Thornton to fight and did nothing

12. Mr. Lindsey is it true that you and other staff member at USP Lewisburg knew that a fight was going to take place on March 3, between Taylor and Thornton, and Taylor Co-defendant.

13. Lieutenant J. Morin is it a fact that Thornton never told you that he was fighting inmate Taylor on March 1, 2000.

Page three of Interrogatories

Thornton v Lindsey et al

When staff member at USP Lewisburg talked with inmates in A, B, C & D block, as stated in DHO report of this matter on March 3, 2000 what staff talked to the inmates in those blocks.

14. Did inmate Taylor ever say that Thornton was sexually harassing him

15. What staff member that talked to inmates in A, B, C & D on March 3, 2000 at USP-Lewisburg that inmate told them that Thornton was sexually harassing Taylor as stated in DHO reports on this matter.

16. Did staff member at USP Lewisburg skin search all the inmates on March 1, 2000 do to an inmate being jumped on and stab. Was any marks on Thornton or Taylor at that time.

17. Where and How did staff learned that inmate Thornton and Taylor was fighting on March 1, 2000. From inmates that worked with them, or staff that worked with them or from a note of any kind.

18. What the name of the officers that carry Thornton to the Special housing unit

19. What was the medical official who treated Thornton and for what who took blood from Thornton while he was cuffed to a bed etc.

Four  
Page Three of Interrogatories

Thornton & Lindsey

~~20.~~

21. What was the names of the officers who saw Thornton cause A.W. Lindsey to hurt him self

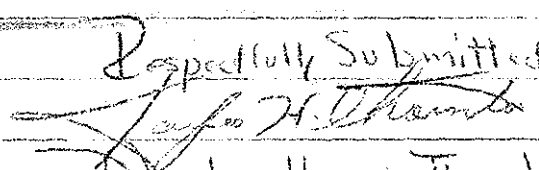
22 How did Thornton get on the dining floor ~~on~~ on March 3, 2000

23 Did any officer hit ~~Thornton~~ Thornton causing him to fall to the dining room floor

24 How come Thornton was never charge with fighting on March 3, 2000

25. where was Thornton when A.W. Lindsey, came to the dining room incident of March 3, 2000, and what was Thornton doing. Where was Taylor at this time and what was he and his co-defendant doing

F.R.C.P Rule 33 Defendant shall answer fully under oath Separately to each questions within 30 days after Service of Interrogatories

Respectfully Submitted  
  
Douglas Henry Thornton  
Reg 31461-118 1A-120  
United States Penitentiary  
Allenwood Box 3500  
Whitely, Pa 17887

Date August 25, 2000



U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

|   |  |   |                                     |
|---|--|---|-------------------------------------|
| PLAINTIFF<br><u>Douglas Henry Thornton</u>                          |  | COURT CASE NUMBER                                   |                                     |
| DEFENDANT<br><u>Lieutenant J. Morin</u>                             |  | TYPE OF PROCESS<br><u>Civil Complaint</u>           |                                     |
| SERVE<br>➔  | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br><u>Lieutenant J. Morin SIS U.S. Penitentiary Lewisburg Pa</u> |   |                                     |
|   | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)<br><u>P.O. Box Lewisburg Pennsylvania 17837 P.O. 1000</u>   |   |                                     |
| AT  | <u>Douglas Henry Thornton is a Federal inmate at the United States Penitentiary, Allenwood, P.O. Box 3500, White Deer Pa 17887</u>                                       |   |                                     |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: |  | Number of process to be served with this Form - 285 | <u>2</u>                            |
|   |  | Number of parties to be served in this case         | <u>3</u>                            |
|   |  | Check for service on U.S.A.                         | <input checked="" type="checkbox"/> |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Mrs. J. Morin is a SIS, Lieutenant at the United States Penitentiary Lewisburg Pennsylvania. She works in the ~~morning~~ morning five days a week.

USP Lewisburg Pa. 17837.

Signature of Attorney or other Originator requesting service on behalf of:

Douglas H. Thornton☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

8-25-2000**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

|   |               |                    |                   |  |      |
|---|---------------|--------------------|-------------------|--|------|
| I acknowledge receipt for the total number of process indicated.<br>(Sign only first USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin | District to Serve | Signature of Authorized USMS Deputy or Clerk | Date |
|   | No. _____     | No. _____          | No. _____         |  |      |

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

|                 |      |    |
|-----------------|------|----|
| Date of Service | Time | am |
|                 |      | pm |

Signature of U.S. Marshal or Deputy

|             |  |                |               |                  |                                |                  |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|
| Service Fee | Total Mileage Charges<br>(including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|

REMARKS:

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

|  |   |  |
|--|---|--|
| PLAINTIFF<br><u>Douglas Henry Thornton</u>   |   | COURT CASE NUMBER  |
| DEFENDANT<br><u>Associate Warden, Lindsey</u>  |   | TYPE OF PROCESS<br><u>Civil Complaint</u>                          |
| SERVE<br>➔   | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br><u>Associate Warden, Lindsey U.S. Penitentiary Lewisburg</u> |  |
|  | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)<br><u>P.O. Box 1000 Lewisburg, Pennsylvania 17837</u>  |  |
| AT   |   |  |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  |   |  |
| <u>Douglas Henry Thornton Reg 37461-118</u>  |   | Number of process to be served with this Form - 285<br><u>2</u>    |
| <u>Is a federal inmate at the United States Penitentiary Allenwood, P.O., 3500 White Deer Pennsylvania 17887</u> |   | Number of parties to be served in this case<br><u>3</u>            |
|  |   | Check for service on U.S.A.<br><input checked="" type="checkbox"/> |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

MR. Lindsey is the Associate Warden of operation at the United States Penitentiary, Lewisburg Pennsylvania, MR. Lindsey works in the morning five days a week  
USP Lewisburg Pa 17837.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

8-25 2000**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

|   |               |                                 |                                |  |      |
|---|---------------|---------------------------------|--------------------------------|--|------|
| I acknowledge receipt for the total number of process indicated.<br>(Sign only first USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin<br>No. _____ | District to Serve<br>No. _____ | Signature of Authorized USMS Deputy or Clerk | Date |
|---|---------------|---------------------------------|--------------------------------|--|------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

|                 |      |    |
|-----------------|------|----|
| Date of Service | Time | am |
|                 |      | pm |

Signature of U.S. Marshal or Deputy

|             |  |                |               |                  |                                |                  |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|
| Service Fee | Total Mileage Charges<br>(including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|

REMARKS:

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

|            |   |  |  |
|------------|---|--|--|
| PLAINTIFF  | Douglas Henry Thornton 37461-118  |  | COURT CASE NUMBER  |
| DEFENDANT  | Mr. D. Emory DHO  |  | TYPE OF PROCESS<br>Complaint Civil                                 |
| SERVE<br>➡ | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN   |  |  |
|            | Mr. D. Emory DHO, United States Penitentiary Lewisburg<br>ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)<br>P.O. Box 8000, Lewisburg Pennsylvania 17837 |  |  |
| AT         | SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:   |  |  |
|            | <input checked="" type="checkbox"/> Douglas Henry Thornton 37461-118<br>United States Penitentiary Lewisburg<br>P.O. Box 2500 Allenwood<br>White Deer Pa 17887 1A120      |  | Number of process to be served with this Form - 285<br>2           |
|            |   |  | Number of parties to be served in this case<br>3                   |
|            |   |  | Check for service on U.S.A.<br><input checked="" type="checkbox"/> |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

MR. D. Emory is the DHO at USP Lewisburg Pennsylvania Federal Penitentiary. Works 5 Days a week M/F. day time  
 P.O. Box 1000  
 Lewisburg Pennsylvania 17837

Signature of Attorney or other Originator requesting service on behalf of:

Douglas Henry Thornton

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

8-25-2000

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

|   |               |                                 |                                |  |      |
|---|---------------|---------------------------------|--------------------------------|--|------|
| I acknowledge receipt for the total number of process indicated.<br>(Sign only first USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin<br>No. _____ | District to Serve<br>No. _____ | Signature of Authorized USMS Deputy or Clerk | Date |
|---|---------------|---------------------------------|--------------------------------|--|------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

|                 |      |    |
|-----------------|------|----|
| Date of Service | Time | am |
|                 |      | pm |

Signature of U.S. Marshal or Deputy

|             |  |                |               |                  |                                |                  |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|
| Service Fee | Total Mileage Charges<br>(including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|

REMARKS:

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF PENNSYLVANIA

4  
nan  
9-17-00

IN RE: : Civil Action No. 1:00-cv-01590  
:  
Inmate: Douglas Henry. Thornton  
:  
ID Number: 37461-118

FILED  
SCRANTON

SEP 07 2000

ADMINISTRATIVE ORDER

PER         
DEPUTY CLERK

The individual identified above has initiated a civil complaint in the U.S. District Court for the Middle District of Pennsylvania. The filing fee for this action is \$150.00.

Pursuant to the Prison Litigation Reform Act and Standing Order No. 96-1 of this court, the Superintendent/Warden of the institution where this inmate is incarcerated is directed to furnish the court and the inmate with a certified copy of the statement for the past six months of the prisoner's trust fund account (or institutional equivalent). The Superintendent/Warden is also directed to remit from the prisoner's account, in monthly installments, the full \$150.00 fee.

As soon as funds are available in the inmate's prison account, the Superintendent/Warden shall submit an initial partial payment of 20 percent of the greater of:

- (1) the average monthly deposits to the inmate's prison account for the past six months, or
- (2) the average monthly balance in the inmate's prison account for the past six months.

The remittance must be accompanied by a statement of the calculations used to arrive at the amount, a copy of which you shall furnish to the inmate.

After the initial payment, if there remains any unpaid fee due and

owing the Court, the Superintendent/Warden in any institution where the inmate is incarcerated is required by law to set aside and remit on a monthly basis 20 percent of the preceding month's deposits credited to the prisoner's account until the filing fee has been paid in full. Each time a deposit is made to the inmate's account, the Superintendent/Warden shall set aside the deposit immediately before any disbursement is made by the inmate, until an amount equal to 20 percent of the previous month's deposits is obtained. When the 20 percent amount is obtained, it shall be transmitted in one monthly payment to the Clerk. Each payment shall be clearly identified by the name of the prisoner and the number assigned to this action.

Payments must be made payable to "Clerk, U.S. District Court" and transmitted to:

U.S. District Court  
P.O. Box 1148  
Scranton, PA 18501-1148

In the event the plaintiff is transferred to a different correctional facility before the full filing fee is paid, you must forward this Administrative Order to the Superintendent/Warden of the receiving institution. This Order will be binding on the Superintendent/Warden of any correctional facility where the prisoner is incarcerated until the filing fee is paid in full.

MARY E. D'ANDREA  
Clerk of Court

By:   
Deputy Clerk

DATE: September 11, 2000



UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA

\* \* MAILING CERTIFICATE OF CLERK \* \*

September 11, 2000

Re: 1:00-cv-01590 Thornton v. Lindsey

True and correct copies of the attached were mailed by the clerk to the following:

Douglas Henry. Thornton  
USP-ALLENWOOD  
Maximum Security Correct. Inst.  
37461-118  
P. O. Box 3500  
White Deer, PA 17887

*f. WARDEN*  
*f. PIAZZA*

|                         |     |   |
|-------------------------|-----|---|
| cc:                     |     |   |
| Judge                   | ( ) |   |
| Magistrate Judge        | ( ) |   |
| U.S. Marshal            | ( ) |   |
| Probation               | ( ) |   |
| U.S. Attorney           | ( ) |   |
| Atty. for Deft.         | ( ) |   |
| Defendant               | ( ) |   |
| Warden                  | ( ) |   |
| Bureau of Prisons       | ( ) |   |
| Ct Reporter             | ( ) |   |
| Ctroom Deputy           | ( ) |   |
| Orig-Security           | ( ) |   |
| Federal Public Defender | ( ) |   |
| Summons Issued          | ( ) | with N/C attached to complt. and served by:<br>U.S. Marshal ( ) Pltf's Attorney ( )                                       |
| Standard Order 93-5     | ( ) |   |
| Order to Show Cause     | ( ) | with Petition attached & mailed certified mail<br>to: US Atty Gen ( ) PA Atty Gen ( )<br>DA of County ( ) Respondents ( ) |
| Bankruptcy Court        | ( ) |   |
| Other                   | ( ) |   |

MARY E. D'ANDREA, Clerk

DATE:

11-11-00

BY:

*[Signature]*  
Deputy Clerk

# AUTHORIZATION

(Prisoner's Account Only)

3: CV00-1590

NOTE: Completing this authorization form satisfies your obligation under 28 U.S.C. § 1915(a)(2) to submit a certified copy of your trust fund account.

FILED  
SCRANTON

SEP 07 2000

I, Douglas Henry Thornton, request and authorize the agency holding me in custody to send to the Clerk of Court, United States District Court for the Middle District of Pennsylvania, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) at the institution where I am incarcerated. I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust account (or institutional equivalent) in the amounts specified by 28 U.S.C § 1915(b).

This authorization is furnished in connection with the filing of a civil action, and I understand that the filing fee for the complaint is \$150.00. I also understand that the entire filing fee will be deducted from my account regardless of the outcome of my civil action. This authorization shall apply to any other agency into whose custody I may be transferred.

Date: August 25, 2000

37461-118  
Douglas H. Thornton  
Signature of Prisoner